Blue Lake Fire Protection District

	provide at least one (1)	emergency contact.		
•	Name	Phone	Relationsh	ip
	Street Address	City	State	Zip Code
	Name	Phone	Relationsh	ip
	Street Address	City	State	Zip Code
	Name	Phone	Relationsh	ip
4-14-	Street Address	City	State	Zip Code
		References		
	Name	Address / City / State / Zip		Phone
2	Name	Address / City / State / Zip		Phone
		Applicant's Certification and Re	elegge	Company of the Section of
unders Protect ease e such in regula By sig	stand that falsification of tion District, and any of of such information. I re nformation. I agree to fa tions, procedures, polici ning, you have agreed t	ements on this application are in fact to information is grounds for disqualificatits agents to verify any information on elease the Blue Lake Fire Protection Daithfully execute the duties of a voluntaties, of the Blue Lake Fire Protection Dothe terms and conditions of this apport	ation. I authorize this application istrict from any l eer firefighter an istrict.	the Blue Lake Fire and I authorize re- iability for seeking
Applic	ant Signature	Date		
THE WHEN		DO NOT WELL THE	INE	
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BLUE LAKE VOLUNTEER FIRE DEPARTMENT

P.O. Box 245, Blue Lake, CA 95525

APPLICATION FOR PROBATIONARY MEMBERSHIP

DATE:	VOTING DA	TE:	
NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
CDL:			
Occupation: List any medical problems (hand			
As a probationary member of the and understood the sections of section 1) that apply to probation instructions of the Chief, Asst. On the Membership Committee will attend all regularly schedule excused by the Fire Chief. I understood to priority for probationary firefighter assignments assigned by the Client.	the By Laws (Article 1, section and the agree chiefs and drill instructors and when it meets to consider this drills unless prevented by derstand that attendance at lear and that unexcused abserthief.	ons 3 and 4, Article 4, to abide by them and d to make myself avail application. In addition, sickness, or other drills is the most important.	the lable on, I wise tant
Signature:		Date:	10
	<u>SPONSERS</u>		
Name:		MANAGE AND ADDRESS OF THE PARTY	
Name:			
Name:			
We, the above-signed firefighter probationary member of the Blu his/her good character, will assi Committee meetings that will re	rs, recommend that ie Lake Volunteer Fire Departist in his/her instruction, and	be accepted transfer. We vouch for will attend the Membe	

MEDICAL REQUIREMENT FOR NEW VOLUNTEERS

Ask for Yolanda

Respirator Exam (spirometer test)
Basic exam
TB test
Hepatitis B (you may refuse this vaccination with a signed statement)
You will be told when it is time to set up your appointment, do not set your appointment until it
is authorized by the Chief.
. Contact Mad River Occupational Health 707-825-4907 to set up your appointment, tell them
that you are with BLFD for billing purposes.
Have them email or USPS mail the results to
Blue Lake Fire Department
bluelakefire@gmail.com
PO Box 245 Blue Lake CA 95525

Blue Lake Fire Protection District

P.O. BOX 245 BLUE LAKE, CALIFORNIA 95525

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have Blue Lake Fire Protection District and/or their agents request a specimen of my urine and/or blood for a screening test using common standards for the presence of illegal drugs, alcohol, cannabis or prescription medication taken without a prescription. I will hold all parties involved harmless, meaning I will not send or hold them responsible for an alleged harm to me or interfering with my obtaining a job or continuing employment as a result of not submitting to the test or as a result of the determination of the testing. This includes, but not limited to, any possible clerical or laboratory errors.

Blue Lake Fire Protection District Substance Abuse Policy and this Authorization and Consent Form has been explained to me in a language I understand. In addition, I understand my Authorization and Consent is legal and binding because Blue Lake Fire Protection District is both sending me for the examination and paying for the examination.

I UNDERSTAND BLUE LAKE FIRE PROTECTION DISTRICT WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH BLUE LAKE FIRE PROTECTION DISTRICTS' SUBSTANCE ABUSE POLICY. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION. Signature of Applicant Date **RELEASE OF CRIMINAL RECORDS & SOCIAL SECURITY VERIFICATION** I, the undersigned, do hereby authorize Blue Lake Fire Protection District and/or its agents to examine any and all criminal records and arrests on file in the State of California or any other state. I understand I am waiving my right of confidentiality concerning my criminal history. I also authorize the verification of my Social Security Number with the Social Security Administration. This release gives full authorization to conduct a comprehensive review of my background. Executed at Blue Lake, California on the (date) ______ Signature Expiration date Driver's License Number Printed Name Date of Birth Social Security Number Full Adress:



PHYSICIANS' MEDICAL CLEARANCE FOR VOLUNTEER EMERGENCY RESPONDERS

Candidate Name	
Fire Department	

Firefighting and emergency medical response remain one of the most dangerous occupations in the United States. Research has repeatedly shown the need for high levels of fitness to perform safely in the fire rescue service. The individual's long hours, shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places the job among the most stressful occupations in the world. High levels of stress, intense physical demands, and long term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer – the three leading causes of death and occupational disease disability.

Each Physician will be asked to attest to the candidate passing a physical for a potential Volunteer Emergency Responder position. This information is based on the National Fire Protection Association (NFPA) Standard 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments.

Medical Evaluation

- 1. A medical evaluation of a candidate shall be conducted prior to the candidate being placed in training programs or fire department emergency response activities.
- 2. The medical evaluation of a candidate shall include a medical history, examination, and any laboratory tests required at the discretion of the fire department's physician to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform the essential job tasks outlined in 5.1.1.
- 3. If a candidate presents with a condition that temporarily interferes with his/her ability to safely perform essential job tasks, the preplacement medical evaluation shall be postponed until the candidate has recovered from that condition.

Medical Exam Components Provided by the Department's Occupational Healthcare Provider for Pre-Employment Physicals

- 1. Health Questionnaire and OSHA Respiratory Questionnaire
- 2. Drug Screening (pre-employment only)
- 3. Immunizations
 - Screening for protection against Hepatitis-A, Hepatitis-B, Hepatitis-C, polio, HIV, measles, mumps, rubella, tuberculosis, tetanus/diptheria, and chicken pox (Varicella) will be performed for all pre-employment exams. These screenings and needed boosters/titers will be conducted and administered as needed.
 - Influenza vaccinations are provided annually.
- 4. Hands-On Physical
 - Vital Signs
 - o Blood Pressure
 - o Pulse
 - o Respiratory Rate
 - o Temperature
 - o Height/Weight
 - Head, Eyes, Ears, Nose, & Throat
 - Vision Screening
 - Color Assessment
 - Distance Assessment
 - Near-Vision Assessment
 - Audiology Screening
 - Hearing Test (500-1000-2000-3000-4000-6000-8000Hz)
 - Neck
 - General Evaluation
 - Musculoskeletal
 - General Range-of-Motion Evaluation
 - Skin Exam
 - Cancer Screening
 - Body Composition
 - Additional Components for Hazardous Materials Team Members and/or Technicians:
 - o Acetylcholinesterase Screening

The scope of the remaining tests shall be determined by the fire department physician after reviewing the Hands-On Physical, and type and severity of any condition.

- Cardiovascular
 - o Chest X-Ray
 - o EKG

	Pulmona		
	0	Pulmonary Function Test (Spirometry)	
•	Gastroin	ntestinal	
	0	General Evaluation	
	Genitou	irinary	
	0	Men: Testicular & Hernia Evaluation	
		 Evaluation & Prostate-Specific Antigen (PSA) tests required for all males 	
	0	Women: Pap-Smear, Clinical Breast Exam, Mammography	
		Required for all females	
	Rectal	required for an remains	
30	0	Digital Rectal Exam	
	0	Fecal Occult Blood Testing	
	Lymph 1		
	Neurolo		101
	0	Mental Status Exam	
	0	Cranial & Peripheral Nerves	
	0	Motor	
	0	Sensory	
	0	Reflexes	
5.	Laborate	tory Testing: Urinalysis, Complete Blood Count, Chemistry Metabolic, Lipid Profile (all).	
	The bloc	ood analysis or urinalysis is not intended and will not be used for drug use screening at any time.	
	0	White Blood Cell Count with differential	
	0	Red Blood Cell Count (hematocrit)	
	0	Platelet Count	
	0	Liver Function Test	
	0	Triglycerides	
	0	Glucose	
	0	Creatinine	
	0	Sodium	
	0	Potassium	
	0	Carbon Dioxide	
	0	Total Protein	
	0	Albumin	
	0	Calcium	
	0	Cholesterol	
	225		
		c/Cardiopulmonary Testing (Stress Test)	
	0	Required for at-risk individuals and individuals over age 40.	
•		-Up/Referral	
	0	Annual physical exam results will be forwarded to you and/or your primary care provider (PCP).	
	0	You will complete a HIPAA Release in order to release the results to you and/or your PCP.	
•		ollection	
	o Th	e HIPAA Release will also authorize the release of some medical component data points for data collection and rep	orting.
	Th	ne data will not have any identifiers (name, date of birth, Social Security Number, etc.); the data will only be raw dat	a used
	for	r research and data reporting.	

PHYSI	ICIANS'	NAME DATE	
PHYSI	CIANS'	SIGNATURE	
VOLU	NTEER I	RESULTS PASS FAIL	
TOTA	L COST	TO DEPARTMENT OF PHYSICAL \$	
FIRE	CHIEF N	NAME	
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Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist
 in determining your suitability for the position of Volunteer Firefighter.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A"
 (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 24) and identify the additional information by the question number.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, <u>deliberate misstatements or omissions</u> can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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2. OTHER NAME	ES, INCLUDING NICKNAM	ES, YOU HAVE USE	D OK BEEN KN	OWN BY						
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	gally authorized for p	permanent emplo	syment in th	e United States?					Yes	□ No
If no, expl								×		
8. BIRTH PLAC	E (CITY / COUNTY / STA	TE / COUNTRY)					9. BIRTHDATE	10. SOC	IAL SECURITY N	IUMBER
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13.IMMEDIATE Provid Mark	RELATIVES AND FAMILY De all applicable info 'N/A" if a category is e space is needed, o	ormation in the	spaces belo	lividual is decease	ed.					Carlos de Space de Propinsion
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□ N/A D.	Step-mother						
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	YEARS OF MARRIAGE	, ,			- Transmission	The state of the s	
		Is there, or has there	been, a restraini	ng or st	ay-away order	in effect for this individual?	Yes□No
□N/A F.	Father-in-law						
IAME		HOME ADDRESS	(NUMBER / STREET / A	APT)	CITY	STATE	ZIP
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		is there, or has there	been, a restrain	ing or st	tay-away order	in effect for this individual	? □Yes□No

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()
□ N/A J. Children
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.
1) NAME CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
M CHILD'S AGE ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER EMAIL
2) NAME CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
M CHILD'S AGE ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
CONTACT NUMBER EMAIL

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SECTION 2:	RELATIVES AND REFER	ENCES continued			
13. IMMEDIATE FA	AMILY (Section J. Children)continued	The state of the s			
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14. REFERENCES	S			THE RESIDENCE OF THE PROPERTY OF THE PARTY O	
List 5-7 pe	eople who know you well, su	uch as social and family friends, co-	workers, military acquaintan	ces. Do not include relatives, e	employers
A) NAME	nates, or other individuals lis				-
A) NAME		HOME ADDRESS (NUMBER / STREET /	(APT) CITY	STATE	ZIP
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	()				
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B) NAME		HOME ADDRESS (NUMBER / STREET)	APT) CITY	STATE	ZIP
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SECTION 2: RI	ELATIVES AND REFERE	NCES continued						
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SЕЭПОМЭ: Е	DUCATION							
errettenigestratenigest state	ay be required to furnis	sh transcripts o	r other proof	f to suppo	t all of your educa	ational clai	ms.	
15. Do you have	a high school diploma, GEI	D, or California Hig	h School Profic	ciency Certific	cate?			□No
16. List high sch	ools attended:			Mark Company				
A) NAME					FROM	ТО		DID YOU GRADUATE?
			CITY				STATE	□No
B) NAME		· · · · · · · · · · · · · · · · · · ·			FROM	ТО		DID YOU GRADUATE?
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17. List all colleg-	es or universities attended:			o to the second second		articles with the second		
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SECTION	13: EDUCATION continued						
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18. List any A) NAME	r trade, vocational, or business schools/ins	titutes attended:					
A) NAIVIE				FROM	ТО		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY	9			STATE	□Yes □No
B) NAME				FROM	TO	L	DID YOU COMPLETE
	TYPE OF SCHOOL OR TRAINING	CITY				STATE	THE COURSE?
*			and the second				□No
C) NAME				FROM	ТО		DID YOU COMPLETE THE COURSE?
Location	TYPE OF SCHOOL OR TRAINING	CITY				STATE	- □Yes □No
			101-00-00-00-0	17-10-10-10-10-10-10-10-10-10-10-10-10-10-		1	
15/45/65	you ever attended a Firefighter 1 Academy	?					S □No
If yes,	provide the following information:				_		
	2004/2000/2004/2007/2				FROM	то	
LOC	CATION (CITY/STATE)			Did you co	mplete the	course? _Ye	s
B) TRAININ	G CENTER				FROM	TO	
LOC	CATION (CITY/STATE)	and the state of t			1		
	The state of the s			Did you co	mplete the	course? \BYe	s
20. Have	you ever been placed on academic discipl	ine, suspended, or e	xpelled from any h	niah school, college/u	university.		
busin	ess or trade school?					□Ye	s
If yes,	, describe in detail below. Starting with high the disciplinary action occurred, name of s	n school, list any and	all disciplinary ac	tions received in any	school or e	ducational insti	tution. Include
WITCH	the disciplinary action occurred, harne or s	criooi, and explanati	on of circumstanc	es.			
			·				
3 330 0 404			· · · · · · · · · · · · · · · · · · ·				
			1) 2001 - 1000 1000			······································	
				-11			
(p.m -> 1);					M		

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SECTION 4: RESIDENCE					
List of residences List all residences <u>during the last ten years</u> or since ag	a 15. Provide co	molete eddr	onne Gaelada madana		Date Devil Cont
West, etc., and unit or apartment number). Do not use	P.O. Boxes.				
 If the residence is a military base, identify name of bas you shared individual quarters. 	e in address, nea	rest city, sta	te and zip code. DO N	OT LIST military	barracks mates unless
If more space is needed continue on page 24.				8	
A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			F	ROM	Present
CITY	STATE	ZIP	IF RENTING: PROPER	RTY MANAGER, REM	NT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMBER/STRE	FT / APT)		CONTACT NUM	MDED
	, (nomber) of the	er racij		()	IBER
CITY	STATE	ZIP	EMAIL		
CONTROL MANAGEMENT AND		a comment of the comm	100		The second secon
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)		7 000000000000000000000000000000000000	F	FROM	ТО
	- cynemius			ENTREMA WILLY THE CONTROL	
СІТУ	STATE	ZIP	IF RENTING: PROPER	RTY MANAGER, REI	NT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMBER/STRE	ET / APT)		CONTACT NUM	ABER
				()	
СІТУ	STATE	ZIP	EMAIL		Section .
		ALL PROPERTY OF THE PARTY OF TH			
Names of those with whom you lived:					
Reason for moving:	11112				
C) FORMER ADDRESS (NUMBER / STREET / APT)			•	FROM	то
CITY	STATE	ZIP	IF RENTING: PROPE	RTY MANAGER, REI	NT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMBER/STRE	ET / APT)		CONTACT NUM	MBER
				()	
CITY	STATE	ZIP	EMAIL		
	ta manda sa considerar de la constanción de la c				
Names of those with whom you lived:					
Reason for moving:			The second secon		West Control of the C
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	то
CITY	STATE	ZIP	IF RENTING: PROPE	RTY MANAGER, RE	NT COLLECTOR, OR OWNER
					0000
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMBER/STRE	ET / APT)		CONTACT NUI	MBER
CITY	STATE	ZIP	EMAIL	1,2,5,11	· · · · · · · · · · · · · · · · · · ·
Names of those with whom you lived:	anne messeus et en	I construction to	The second secon	and the second second second second second	OFFICE TO THE PROPERTY OF THE
Pagaon for maying		No.	// // // // // // // // // // // // //		
Reason for moving:					

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ION 4: RESIDENCE continued OF RESIDENCES continued					
MER ADDRESS (NUMBER / STREET / APT)				FROM	то
СІТУ	STATE	ZIP	IF RENTING: PRO	OPERTY MANAGER, RI	ENT COLLECTOR, OR OWN
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR,	OR OWNER (NUMBER / STRE	ET / APT)	MICCOLLINA .	CONTACT NU	IMBER
CITY	STATE	ZIP	EMAIL	1,	**************************************
Names of those with whom you lived:		<u> </u>		ALLE LIE ACTION AND THE PROPERTY.	
Reason for moving:				i	7 mm m m m m m m m m m m m m m m m m m
MER ADDRESS (NUMBER / STREET / APT)				FROM	ТО
CITY	STATE	ZIP	IF RENTING: PR	OPERTY MANAGER, R	ENT COLLECTOR, OR OWN
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR	OR OWNER (NUMBER / STRE	ET / APT)	NEE AGE STATE	CONTACT NU	JMBER
CITY	STATE	ZIP	EMAIL		- Control of the control
Names of those with whom you lived:	No. of Control of Cont	ACCURATE AND THE REPORT OF THE PARTY OF THE			774741000000000000000000000000000000000
Reason for moving:					
RMER ADDRESS (NUMBER / STREET / APT)	1			FROM	то
CITY	STATE	ZIP	IF RENTING: PR	OPERTY MANAGER, R	ENT COLLECTOR, OR OWN
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR	OR OWNER (NUMBER / STRE	ET / APT)		CONTACT N	UMBER
CITY	STATE	ZIP	EMAIL		The state of the s
Names of those with whom you lived:	NATIONAL PARTIES AND ASSESSMENT OF THE PARTIES AND ASSESSMENT OF T	Accession and the second		Section of the Sectio	OCIVIDAL SHITTERS AND AN ARCHIVE AND AN
Reason for moving:			***************************************		es este de la companya de la company
MER ADDRESS (NUMBER / STREET / APT)				FROM	ТО
CITY	STATE	ZIP	IF RENTING; PF	ROPERTY MANAGER, F	RENT COLLECTOR, OR OWN
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR	R, OR OWNER (NUMBER / STRE	EET / APT)		CONTACT N	UMBER
CITY	STATE	ZIP	EMAIL	<u> </u>	
Names of those with whom you lived:	manus manus and a language of the same			and the second s	A CONTRACTOR OF STREET,

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SECTION 4: RESIDENCE continued	
22. Provide contact information for all housemates listed in Question 21 with whom you have res DO NOT list anyone for whom you have already provided contact information.	sided during the past 10 years, or since the age of 15.
A) NAME	CONTACT NUMBER
	()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
B) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
C) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
D) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
E) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
F) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
23. Have you ever been evicted or asked to leave a residence?	
24. Have you ever left a residence owing rent?	
If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstance)	pes):

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25 .101	ION 5: EXPERIENCE AND EM	PLOYMENT							
	B EXPERIENCE	AND THE PROPERTY OF THE PROPER					Unicasi dalah di	and a substitution of the	
•	List ALL jobs you have had withi	n the past ten y	ears, including p	art-time	temporary, self	-employme	nt and volunt	eer. (Begin with	your most
	current. If more space is needed	continue your res	sponse on page :	24.)					, cui moci
•	If you have military experience, in	cluding reserve	duty, enter your r	military !	base, assignmer	ts, or unit o	f assignment	t.	
•	List ALL periods of unemploymen	nt in excess of 30) days.		17 33 35		,,,,		
								MC ACCIONNESS CONTRACTOR CONTRACT	
A) NAI	ME OF EMPLOYER OR MILITARY UNIT						FROM		то
	and an						PROW		10
	1000000 0000000000000000000000000000000				***************************************				
	ADDRESS (NUMBER / STREET OR BASE))				SUPERVISO	DR		
	CITY			STATE	ZIP	CONTACT	NUMBER	T	EXT
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	JOB TITLE	and the same and t		L		EMAIL			
Ì						LIVE			
1									
	DUTIES / ASSIGNMENTS							□F-T □P-	-T 🔲 Temp
- 4									
								☐Self-employ	ed Volunteer
	NAMES OF CO-WORKERS					- I	DEASON FOR V	VANTING TO LEAVE	
	1)		2)				REASON FOR V	VANTING TO LEAVE	
-			1-7						
	Would there be a problem if we	If yes, explain:							
	contact your current employer?								
	□Yes □No								
		In the second se							
B) PEI	RIOD OF UNEMPLOYMENT						FROM	1	ТО
Ch	eck applicable: Student Bet	ween iobs Lea	ave of absence	Tra	vel Other				
C) NA	ME OF EMPLOYER OR MILITARY UNIT						FROM		то
							20232020	1	0.7025
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	THE REST OF BACE	ı				SUPERVISO	JR		
	- Currie				<u> </u>				
	CITY								
	0.000.000.000.000.000			STATE	ZIP	CONTACT	NUMBER		EXT
				STATE	ZIP	CONTACT I	NUMBER		EXT
	JOB TITLE		-	STATE	ZIP	357	NUMBER		EXT
	JOB TITLE		-	STATE	ZIP	()	NUMBER		EXT
				STATE	ZIP	()	NUMBER		
	JOB TITLE DUTIES / ASSIGNMENTS			STATE	ZIP	()	NUMBER	□F-T □P	
				STATE	ZIP	()	NUMBER		-T 🔲 Temp
				STATE	ZIP	()	NUMBER	□F-T □P	-T 🔲 Temp
	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS			STATE	ZIP	()	NUMBER	☐Self-employ	-T 🔲 Temp
	DUTIES / ASSIGNMENTS		2)	STATE	ZIP	()		☐Self-employ	-T 🔲 Temp
	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS		2)	STATE	ZIP	()		□Self-employ	-T 🔲 Temp
D) PE	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1)		2)	STATE	ZIP	()	REASON FOR I	□Self-employ	P-T ☐ Temp yed ☐Volunteer
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Ch	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) RIOD OF UNEMPLOYMENT Deck applicable: Student Beame of Employer or Military Unit ADDRESS (NUMBER / STREET OR BASE			□тг	avel □Other	SUPERVISO CONTACT ()	FROM FROM	□Self-employ	TO Temp
Ch	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) PRIOD OF UNEMPLOYMENT Deck applicable: Student Beautiful Be			□тг	avel □Other	SUPERVISO CONTACT	FROM FROM	□Self-employ	TO Temp
Ch	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) PRIOD OF UNEMPLOYMENT DECK applicable: Student Beautiful Be			□тг	avel □Other	SUPERVISO CONTACT ()	FROM FROM	□Self-employ	TO Temp
Ch	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) RIOD OF UNEMPLOYMENT Deck applicable: Student Beame of Employer or Military Unit ADDRESS (NUMBER / STREET OR BASE			□тг	avel □Other	SUPERVISO CONTACT ()	FROM FROM	□Self-employ	TO Temp To
Ch	DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) PRIOD OF UNEMPLOYMENT DECK applicable: Student Beautiful Be			□тг	avel □Other	SUPERVISO CONTACT ()	FROM FROM	EAVING	TO Temp TO TO TEXT
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ME OF EMPLOYER OR MILITARY UNIT		700 30000			FROM		то	
ADDRESS (NUMBER / STREET OR BASE)		1112		SUPERVISOR				- 4/2-11.00
CITY		STATE Z	îP	CONTACT NUI	MBER		EXT	
JOB TITLE				EMAIL				
DUTIES / ASSIGNMENTS						□F-T □I		☐ Temp
NAMES OF CO-WORKERS 1)	2)			RE	ASON FOR L	EAVING	Al-	
RIOD OF UNEMPLOYMENT neck applicable: □Student□Betweel	n jobs⊡ Leave of absence	□Trave	I □Other		FROM		то	
ME OF EMPLOYER OR MILITARY UNIT				3,124,000	FROM		то	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR				in the
CITY	10.00	STATE Z	ŽIP	CONTACT NU	MBER		EXT	
JOB TITLE				EMAIL			<u> </u>	
DUTIES / ASSIGNMENTS	± «					□F-T □		☐ Temp
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	EMPLOYER OR MILITARY UNIT	111111111111111111111111111111111111111				FROM		то	
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	(Nome and American Street, Str				SUPERVISOR	io.			
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JOB T	TITLE				() EMAIL				The shares
	100								
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	DF UNEMPLOYMENT			. Пон		FROM		то	
neuk a	applicable: ☐Student☐Between jobs☐ Lea	ve of absence	∐Ira	/el □Other				<u> </u>	
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JOB	TITLE				EMAIL				Services and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are
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SEC	TION 5: EXPERIENCE A	ND EMPLOYMENT continued					
29. Ì	lave you ever quit without g	iving proper notice?		••••••		_Yes	□No
30. H	Have you ever resigned in lie	eu of termination?		•••••••••			□No
31. l	Have you ever been accuse by a co-worker, superior, sul	d of discrimination (such as sexu bordinate or customer?	al harassment,	racial bias,	sexual orientation harassment, etc	:.) 	□No
32. \	Were you ever the subject o	f a written complaint at work?			3	□Yes	□No ·
33.	Have you ever been counse	led at work due to lateness or ab	sences?			_Yes	□No
34. I	Did you ever receive an uns	atisfactory performance review?	***************************************				□No
35. I	Have you ever sold, release	d, or given away legally confiden	tial information?	·		□Yes	□No
					ber?	_Yes	□No
	f yes, how many sick days l	have you used in the past five ye	ars which were	not due to i	liness?		((1))
37.	In the past three years, have If yes, how often?	e you missed days or been late to	o work due to dr	ug or alcoh	ol consumption?	□Yes	□No
38.			of alcohol or dru	ıgs?		□Yes	□No
	WHEN?	NAME OF EMPLOYER					
39.	In the past three years, have your performance?		er about your d	rinking or d	rug habits and their impact on		□No
	WHEN?	NAME OF EMPLOYER					
40.	If yes, list EVERY agend	cy you have applied to, starting w	vith the most rec	ent (give co	omplete and accurate addresses). k all boxes that apply for each a		□No
A) N	AME OF AGENCY				DATE APPLIED		
	ADDRESS (NUMBER / STREE	T)			BACKGROUND INVESTIGATOR'S	NAME (IF KNOWN)	
	CITY	70700	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR	# 25 At		1	EMAIL	L	
		OCESS THAT YOU COMPLETED, AND YO		-			
	STEPS: Application	Written ☐ Physical ability ☐ C	oral Polygraph	/CVSA□B	ackground ☐ Chief's oral ☐ Conditi	ional iob offer	

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Have you ever applied to any other fire agency continued ADRESS (NUMBER / STREET)	Have you ever applied to any oth	EMPLOYMENT continued						
ADDRESS (NUMBER / STREET) STATE ZIP CONTACT NUMBER EXT POSITION APPLED FOR EMAIL CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS Application Written Physical ability Doral Polygraph/CVSA Background Chief's oral Conditional job offer STATE ZIP CONTACT NUMBER STATUS Hired On List Withdrawn Disqualified NAME OF AGENCY DATE APPLIED ADDRESS (NUMBER / STREET) BACKGROUND BIVESTIGATOR'S NAME (IF KNOWN) CITY STATE ZIP CONTACT NUMBER EXT POSITION APPLIED FOR EMAIL CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS Application Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS Hired On List Withdrawn Disqualified CHOOK : MILITARY EXPERIENCE Yes No If no, explain: BRANCH OF SERVICE From To TYPE OF DISCHARGE Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable Re-entry Code (1-4) if applicable - refer to your DD-214: Have you currently participating in one of the following? Military Reserve National Guard If checked, date obligation ends: Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No		ner fire agency continued	***************************************					
CITY STATE ZIP CONTACT NUMBER EXT () POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified ADDRESS (NUMBER / STREET) ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CITY STATE ZIP CONTACT NUMBER EXT CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified CTION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service? Prom To TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable Re-entry Code (1-4) if applicable - refer to your DD-214: Are you currently participating in one of the following? Military Reserve National Guard If checked, date obligation ends: Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No	NAME OF AGENCY			Water and Alexander		DATE APPLIED		
POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer	ADDRESS (NUMBER / STREET)		-		BACKGROUND	INVESTIGATOR'S NAME (IF	KNOWN)	
POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer								
POSITION APPLIED FOR	CITY	*	STATE	ZIP		BER	EXT	
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Are you required to register for the Selective Service?	CTION C. MILETARY EVERAL	-wa-						
If yes, have you registered?					Service of the Paris of			
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office hours, company punishment)?	Are you required to register for the lift yes, have you registered? If no, explain: BRANCH OF SERVICE TYPE OF DISCHARGE: □Entry Le Re-entry C	the Selective Service?evel Honorable General Code (1–4) if applicable – refer to yo	OTH (Othour DD-21	er than Honorable	43. ⊡ Froi)∐Bad Condu	NATES OF SERVICE m uct□Dishonorable]Yes To	
Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?	Are you required to register for the second of the second	the Selective Service?evel Honorable General Code (1–4) if applicable – refer to you none of the following? Military Ret	OTH (Other DD-21 eserve □	er than Honorable 14: National Guard	43. E Froi)∐Bad Condu If che	NATES OF SERVICE m uct□Dishonorable cked, date obligation e	To ends:	
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	Are you required to register for the subject office hours, company punishm.	the Selective Service?	DTH (Other DD-21 eserve Dolinary acrossed, su	er than Honorable 14: National Guard ction (such as, cou	43. □ Froi) □Bad Condu If che urt martial, cap	NATES OF SERVICE m uct□Dishonorable ucked, date obligation e tain's mast,	To ends:	□No
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	Are you required to register for the subject office hours, company punishm.	the Selective Service?	DTH (Other DD-21 eserve Dolinary acrossed, su	er than Honorable 14: National Guard ction (such as, cou	43. □ Froi) □Bad Condu If che urt martial, cap	NATES OF SERVICE m uct□Dishonorable ucked, date obligation e tain's mast,	To ends:	□No
	Are you required to register for the subject office hours, company punishm.	the Selective Service?	DTH (Other DD-21 eserve Dolinary acrossed, su	er than Honorable 14: National Guard ction (such as, cou	43. □ Froi) □Bad Condu If che urt martial, cap	NATES OF SERVICE m uct□Dishonorable ucked, date obligation e tain's mast,	To ends:	□No
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	Are you required to register for the subject office hours, company punishm.	the Selective Service?	DTH (Other DD-21 eserve Dolinary acrossed, su	er than Honorable 14: National Guard ction (such as, cou	43. □ Froi) □Bad Condu If che urt martial, cap	NATES OF SERVICE m uct□Dishonorable ucked, date obligation e tain's mast,	To ends:	□No
	Are you required to register for the subject office hours, company punishm.	the Selective Service?	DTH (Other DD-21 eserve Dolinary acrossed, su	er than Honorable 14: National Guard ction (such as, cou	43. □ Froi) □Bad Condu If che urt martial, cap	NATES OF SERVICE m uct□Dishonorable ucked, date obligation e tain's mast,	To ends:	□No

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SECTION 7: FINANCIAL		
48. INCOME AND EXPENSES For each of the following questions fill in the amounts to the nearest dollar.	10	
A)From your employer(s), what is your take-home monthly income?	\$	per month
B)Do you have income other thanfrom your salary or wages?	Yes	□ No
If yes, fill in amount:	\$	per month
Explain:		
c)How much do you spend each month?	\$	per month
Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.		
49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	□ No
50, Have any ofyour bills ever been turned over to a collection agency?	Yes	□No
51. Have you ever had purchased goods repossessed?	Yes	□No
52. Have your wages ever been garnished?	Yes	□No
53. Have you ever been delinquent on income or other tax payments?	Yes	□No
54. Have you ever failed to file income tax or cheated/lied on an income tax form?	Yes	□No
55. Have you ever had an employment bond refused?	Yes	□ No
56. Have you ever avoided paying any lawful debt by moving away?	Yes	□No
57. Have you ever defaulted on (failed to pay) a loan?		□No
58. Have you ever borrowed money to pay for a gambling debt?	Yes	□ No □ No
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes	□ No
60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes	□ No
61. Have you written three or more bad checks in a one-year period?	Yes	□ No
If you answered yes to any of Questions 49-61, explain (include when, where, and why; indicate corresponding number):		
		

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SECTION 8: LEGAL		
Disclosure of Arrests and Country of the second of the sec	onvictions teer firefighter position at a non-criminal justice agency, you are not required to disclose arrests n a conviction. It is recommended that you consult with an attorney if you have any question	or ons
investigation, held on su- charged with) any misder	victed of (and, for criminal justice agency applicants, detained for spicion, questioned, fingerprinted, arrested, indicted, or criminally meanor or felony offense in this state or any other legal jurisdiction shable under the Uniform Code of Military Justice)?	□ No
If yes, explain each incident.If mo	re space is needed, continue on page 24	
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY	2	- 300
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		
DISPOSITION OR PENALTY		
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY	
CHARGE		A CONTRACTOR AND A CONT
DISPOSITION OR PENALTY		
	n court probation as an adult?	□No
64. Were you ever required to ap as an adult? (You may answer	pear before a juvenile court for an act which would have been a crime if committed er "no" if your juvenile record has been sealed or expunged by the juvenile court.)	□No
65. Have you ever been a party in support, etc.)?	n a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,	□No
66. Have the police ever been ca	lled to your home for any reason?	□No
67. Have you or your spouse/par	tner ever been referred to Child Protective Services?	□No

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SI:	CTION 8: LEGAL continued		
68.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	/es	□No
69.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	/es	□No
70.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?		□ No
71.	Have you ever filed a false insurance or workers' compensation claim?	/es	□No
Ify	ou answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate correspond		
72	INVOLVEMENT IN CRIMINAL ACTS - PART 1 Within the past seven years have you ever committed any of the following misdemeanors? NOTE: You may not within information regarding your involvement in any of the following acts, even if federal or state law relieved you from the detention, arrest, or conviction that arose from it.	hold any rom repo	orting
A)	Annoying / obscene phone calls	Yes	□ No
B)	Battery (use of force or violence upon another).	Yes	□No
C)	Brandishing a weapon (any type of weapon)	Yes	□ No
D)	Carrying a concealed weapon without a permit	Yes	□ No
E)	Contributing to the delinquency of a minor	Yes	□ No
F)	Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes	□ No
G)	Driving under the influence of alcohol and/or drugs	Yes	□ No
H)	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	□ No
I)	Hit & run collision (no injuries)	Yes	□ No
J)	Hunting/fishing without a license.	Yes	□No
K)	Illegal gambling.	Yes	□ No
L)	Impersonating a peace officer (pretending to be a police officer)	Yes	□ No
M)	Indecent exposure (including flashing or mooning)	Yes	□No
N)	Joyriding(using a car or other vehicle without owner's permission)	Yes	□No
0)	Petty theft (value up to \$950, including shoplifting/switching price tags)	Yes	□No
P)	Possession of alcohol as a minor	Yes	□No

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SECTION 8: LEGAL continued		
72. INVOLVEMENT IN CRIMINAL ACTS – PART 1continued	- Company of the Comp	
Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 Yes	□No
R) Possession of stolen property (including vehicles)	🗆 Yes	□No
s) Prostitution or soliciting a prostitute	□Yes	□No
T) Resisting arrest (including running from the police)	□Yes	□No
u) Trespassing	Yes	□No
v) Vandalism(including "tagging," malicious mischief and/or property damage)	_Yes	□No
w) Intentionally writing a bad check	□Yes	□No
x) Filing a false police report		□No
Y) Any other act amounting to a misdemeanor within the past seven years	🗌 Yes	□No
73. INVOLVEMENT IN CRIMINAL ACTS – PART 2		
At any time in your life have you ever committed any of the following?NOTE: You may not withhold any information re any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or convicting the detention of the following acts.	garding your inv	olvement in
A) Arson (intentionally destroying property by setting a fire)		□No
B) Assault with a deadly weapon.	Yes	□No
c) Theft of a vehicle and/or vehicle parts.	□Yes	□No
D) Burglary(entering a structure or vehicle to commit theft or other crime)	_Yes	□No
E) Childmolestation (performing unlawful acts with a child)	_Yes	□No
F) Accessingand/or possessing child pornography	Yes	□No

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SECTION 8: LEGAL (Question 73)continued		
G) Elderabuse/neglect	□Yes	□No
н) Embezzlement(theft of money or other valuables entrusted to you)	□Yes	□No
ı) Felonydrunk driving (involving injuries)	∐Yes	□No
J) Forciblerape or other act of unlawful intercourse	□Yes	□No
K) Forgery(falsifying any type of document, check certificate, license, currency, etc.)	□Yes	□No
L) Hit & run (with injuries)	□Yes	□No
м) Hate crime	🗌 Yes	□No
N) Insurance fraud	∐Yes	□No
o) Grand theft (value of over \$950, or any firearm)	□Yes	□No
P) Murder, homicide, or attempted murder	□Yes .	□No
Q) Perjury(lying under oath)	□Yes	□No
R) Possession of an explosive/destructive device.	□Yes	□No
s) Robbery(theft from another person using a weapon, force, or fear)	🗌 Yes	□No
T) Stalking	□Yes	□No
u) Blackmail or extortion	🗌 Yes	□No
v) Any other act amounting to a felony	TYes	□No
If you answered yes to <u>anv</u> item(s) in Question 73, fully explain circumstances, including date(s), names of individuals involved Indicate the corresponding letter (73-A, etc.) for each explanation.	d, and resolution	on.
		(Years and age of the second

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SECTION 8:	LEGAL continued		
unauthori	s 74 and 75 ask about your current and zed use of prescription drugs or over-the following drugs:	past recreational drug use. This covers -counter drugs.Your answers should in	the use of <u>any</u> drug, including the clude, <u>but not be limited to</u> , your use of
	Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) Barbiturates(Downers) Cocaine / Crack Cocaine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) GHB (Date Rape Drug) The past six months, have you used any of the details, including drug(s) used and circles.		- Mescaline - Morphine - PCP / Angel Dust - Quaaludes - Steroids - Tetrahydrocannabinal (THC)
☐ Ih	the past six months (check all that apply ave never used any drug recreationally. ave tried or used one or more drugs, but neerts, special events, etc.). Checked, give details including drug(s) us	only under <u>limited</u> circumstances (for	example, experimentation, at parties,
76. Have you	u ever engaged in any of the activities lis	ted below for drugs, narcotics or illegal	substances, including marijuana?
	☐ Sold	☐ Purchased	☐ Cultivated
	☐ Manufactured	Furnished	☐ Carried or held for another
If you che	ecked any items above, give details inclu	ding <u>drug(s) involved,</u> over what <u>time p</u>	eriod(s), and circumstances.

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ECTION 9: MOTOR VEHICLE OF	PERATION					
77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHI	CH LICENSE WAS GRANTED		
8. LIST OTHER STATES WHERE YOU HAVE I	BEEN LICENSED TO OPE	RATE A MOTOR VEHIC	LE:			***************************************
State of issue	Type of license		Name under v	which license was grante	d and license numb	er, if known
		78 - 1111				
9. Have you ever been refused a driv	er's license by any s	state?			Yes	□No
If yes, explain (include when, whe	re, and circumstand	es):				
30. Has your driver's license ever beer If yes, explain (include when, whe					☐ Yes	□No
81. List all traffic citations, excluding p	arking citations, you	have received wit	hin the past seve			
A) NATURE OF VIOLATION				LOCATION (STREET)	CITY	STAT
	DATE VIOLATION OCCU		CTION TAKEN			
	Month Year	<u> </u>] Not Guilty ∐ Fi	ned TrafficSchool Dis		
B) NATURE OF VIOLATION				LOCATION (STREET)	CITY	STAT
A Production of the Control of the C	DATE VIOLATION OCCU	constant.	CTION TAKEN Not Guilty Fi	ned	smissed	
C) NATURE OF VIOLATION	h	- 10	THE RESERVE AND SHAPE SH	LOCATION (STREET)	CITY	STAT
	DATE VIOLATION OCCU		CTION TAKEN Not Guilty Fi	ned ∐TrafficSchool∐ Dis	smissed	
D) Has a traffic citation ever resulted □Failed to appear □Failed					Check all that apply.)	
If checked, explain circumstan		2			West of the second second second second	4 1.
32. Have you ever driven a vehicle w	vithout auto insuranc	ce, as required by I	aw?		Yes	□No
If yes, give reason:						
DATE Month Year	LOCATION (NUMBE	ER / STREET / APT)	СІТ	Y	<u> </u>	STATE ZIP

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SECTION 9: MOTOR VEHICLE OPERATION continued		
83. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?	Yes	□No
If yes, give reason:		200 190000000000000000000000000000000000
DATE ADDRESS (NUMBER/STREET/APT) CITY Month Year		STATE ZIP
Use this space for additional information you would like to include regarding your driving record.		
		-
SECTION 10: OTHER TOPICS		
84. Have you ever been refused a permit to carry a concealed weapon?	Yes	□No
85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	Yes	□No
B6. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	Yes	□No
87. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	□No
88. Have you ever hit or physically overpowered a spouse or romantic partner?	Yes	□No
If you answered yes to any of Questions 84–88, give details including dates and circumstances; indicate corresponding no	umber.	
SECTION 11: CERTIFICATION		
89. I hereby certify that I have personally completed and initialed each page of this form and any supplemental all statements made are true and complete to the best of my knowledge and belief. I understand that any m may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.	isstatement	iched, and that of material fact
SIGNATURE IN FULL	DATE	

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Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.) Identify the corresponding queetion and specific item being retremoted.	ADDITIONAL SPACE
	 Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced.
	·
initial this many to indicate that be	Initial this page to indicate that you have provided complete and accurate information:

Blue Lake Fire Department Probation Members Check List

Every new member will need to be proficient in the following areas within the first year of joining, any deviation to this rule will need approval by the standing committee prior to the end of their first year, unfortunately we run calls 24-7 so we expect you to do the same if in the district. We train every Tuesday, you should expect to be at the fire department every Tuesday unless you have a valid excuse.

Date and l	nitials of Of	ficer
		At a minimum Volunteer Firefighter academy or equivalent
		Emergency First Responder "40" hour
	driving)	Laws pertaining to "responding to Emergencies" (responding to calls/code 3
	1-	Personal Protective Equipment Fitting
	***************************************	FF Safety, FD Organization (ICS Structure/chain of command, ICS 100,200)
	· · · · · · · · · · · · · · · · · · ·	Fire Apparatus Familiarization (equipment location), Engine Washing
*		CPR and 1 st Aid
		PPE & SCBA (put on in 2 minutes or less)
		Power Tools (rescue tool set up and operation)
	terror described at a con-	Fire Hose & Appliances (hose sizes and nozzle patterns)
	· · · · · · · · · · · · · · · · · · ·	Ambulance Familiarization
		Salvage and Overhaul (tarps and how to place items for salvage)
		Ladders (safety and how to place)
		Ropes, Knots, Raising and lowering of Hand Tools
NAME.		Data